

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		06-06-01
O.I.P.E. CLASSIFIER		<i>[Signature]</i>	6/15/01
FORMALITY REVIEW	H.T.	913	8/02/01
RESPONSE FORMALITY REVIEW	MD	JCR	10/13/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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126 6/10/01 10/15/01